



***DOES THE D₃ DOPAMINE
RECEPTOR (D₃r) PLAY A ROLE IN ADDICTION?***

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Acknowledgments

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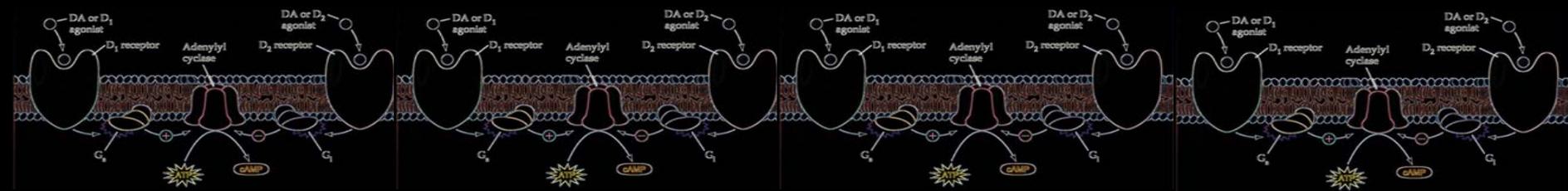
Sylvain Houle, MD
Alan Wilson, PhD
Pablo Rusjan, PhD

Alvina Ng
Jeannie Fong
Armando Garcia
Winston Stableford
Min Wong
Tina McCluske

Funding:
CIHR, OMHF

Overview

- Investigating the role of the DA D₃ receptor in humans - D₃ in Addiction / Impulse control disorder (ICD)
- **PART I** The D₃r system: What is special about it?
- **PART II** D₂ and D₃r levels are differentially affected by changes in DA levels
- **PART III** Rational that the D₃r could be involved in addiction
- **PART IV** Preliminary data on the D₃r in stimulant users
- **PART V** Status of the D₃r in patients with PD who gamble

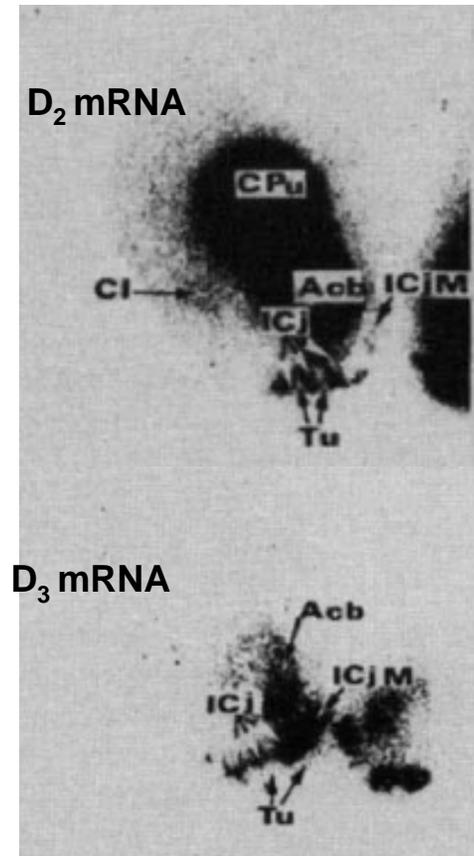


I

What is special about the D₃R?

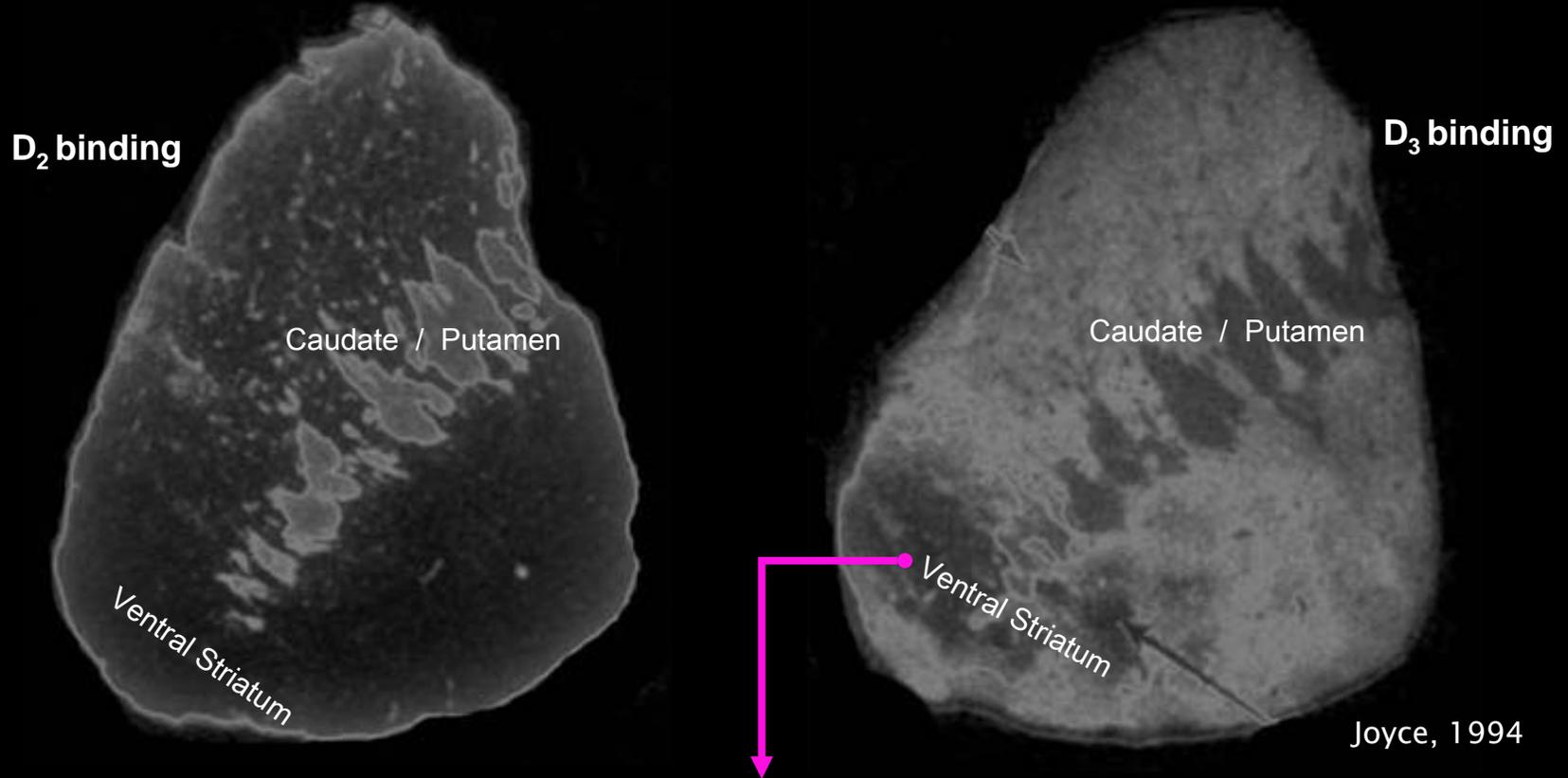
Molecular cloning and characterization of a novel dopamine receptor (D₃) as a target for neuroleptics

Pierre Sokoloff, Bruno Giros, Marie-Pascale Martres, Marie-Louise Bouthenet & Jean-Charles Schwartz



- D₃ ≠ D₂ (and D₁): pharmacology, transduction system & ANATOMY
- Overall the D₃ out numbered by the D₂ (2X)
- D₂: High expression in whole striatum (mesocortical system)
- D₃: lower expression DC /DP
- D₃: high expression in ventral (limbic) striatum, Island of Calleja, septum and nucleus basalis (mesolimbic system)

The D₃ Limbic Localization: Cognitive / Motivational / Emotional Function?



The Dopamine D₃ Receptor: A Therapeutic Target for the Treatment of Neuropsychiatric Disorders

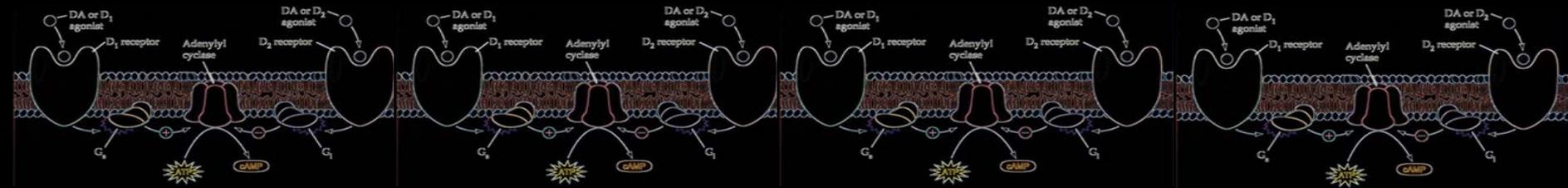
pp.25-43 (19) **Authors:** L. Leriche, E. Bezard, C. Gross, O. Guillin, B. L. Foll, J. Diaz, P. Sokoloff

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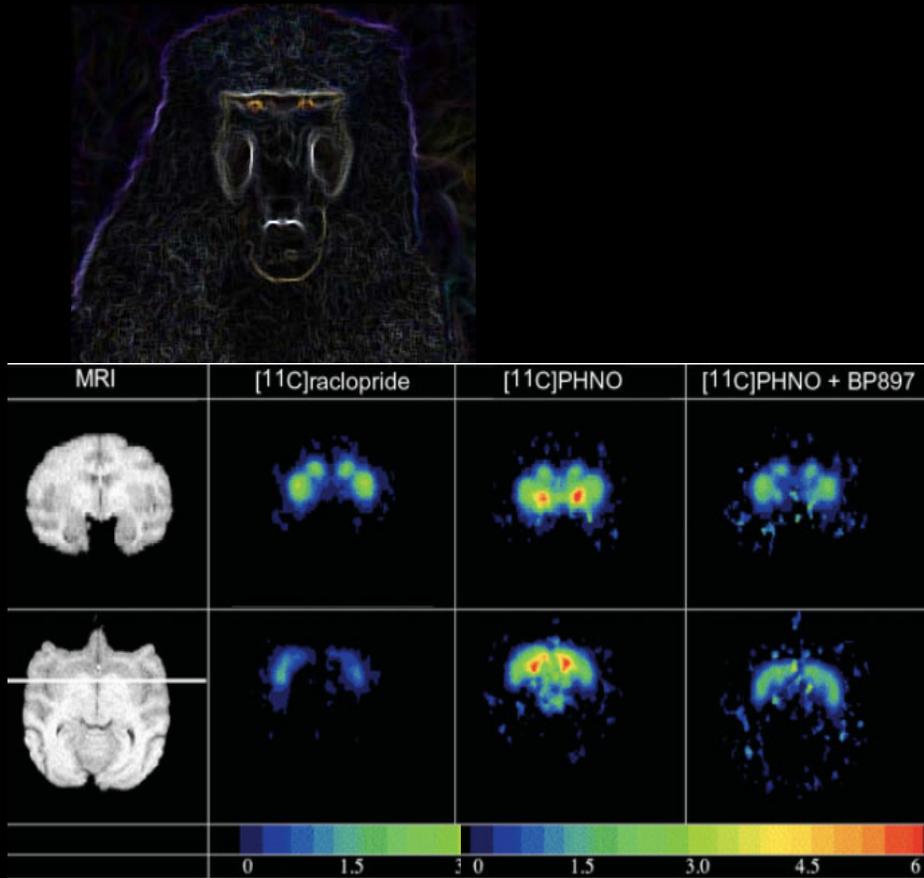
Abstract

Elusive Role of the D₃

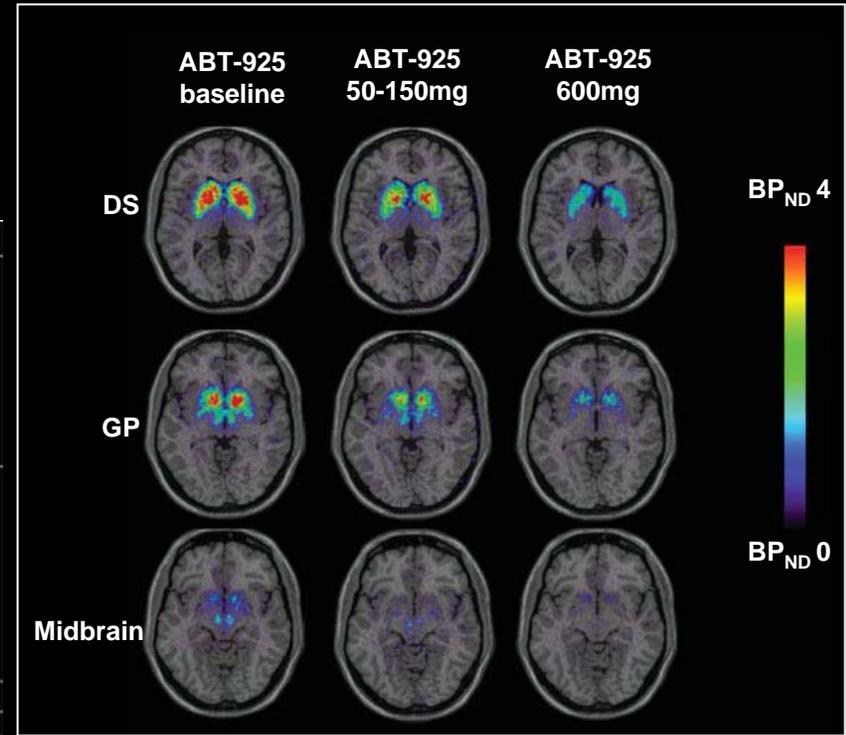
- The role of the D₃r in humans remains largely elusive
- Lack of research tools (Radioligands, Antibodies, Specific pharmacological agents, Knock-out mice)
- Possible to study D₃r binding in humans *in vivo* with PET



Investigating D₃ with PET



Narendran, 2007



Graff-Guerrero, 2009

- (+)[¹¹C]PHNO a full D_{2/3} receptor agonist PET tracer – and a D₃ preferring ligand
- Bio-distribution is consistent with D₃ in humans
- Binding blocked by D₃ antagonist

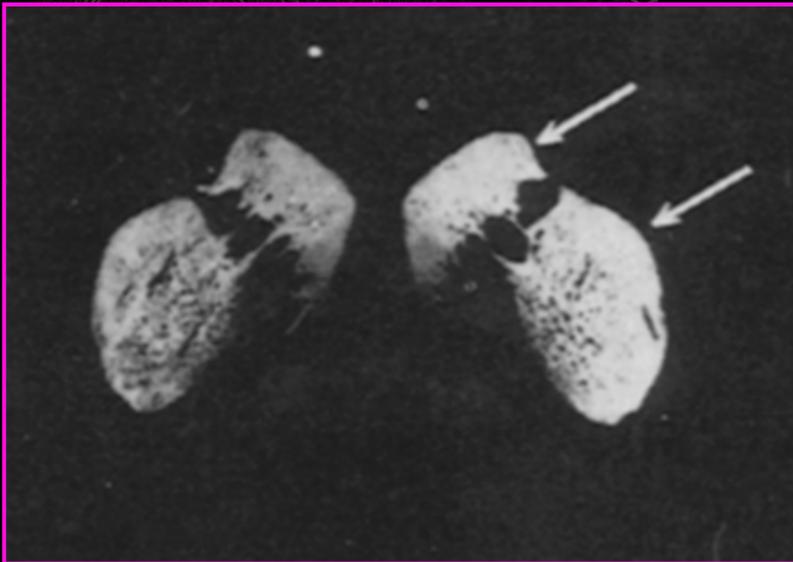
II

D₃ vs. D₂ response to Changes in DA levels

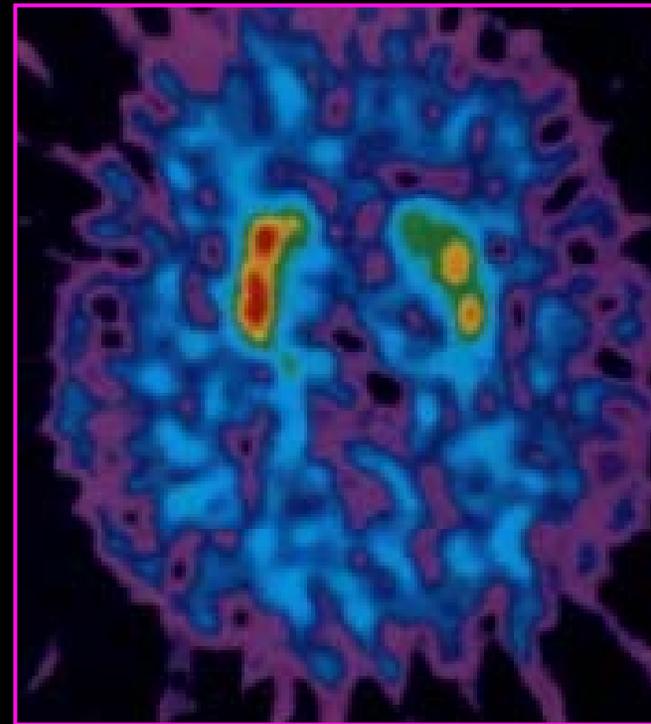
- D₃ vs. D₂ respond differently to DA depletion
- COMPLETELY counters the concept of denervation supersensitivity



D₂ is UP in PD!

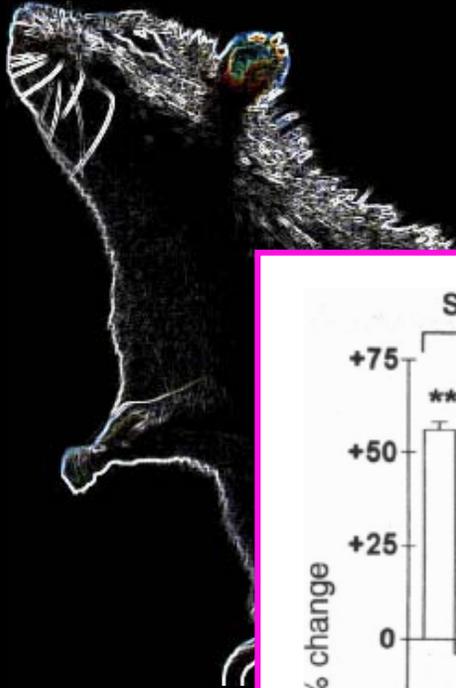


Increased [³H]Sulpiride in MPTP treated monkey
(Graham, 1990)

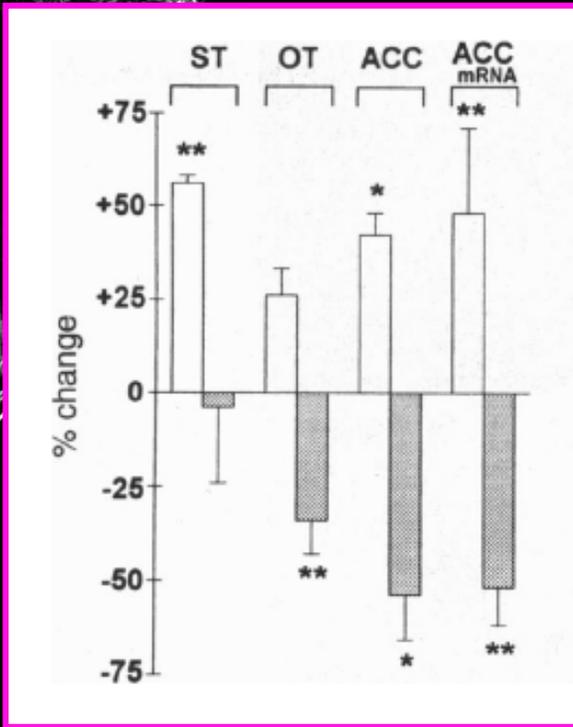


Increased [¹¹C]Raclopride in PD
(Rinne, 1995)

Paradoxically D₃ is DOWN!



Diaz, 1995



Changes in striatal dopamine D₃ receptor regulation during expression of and recovery from MPTP-induced parkinsonism

T.V. Wade, D.S. Rothblat, J.S. Schneider*

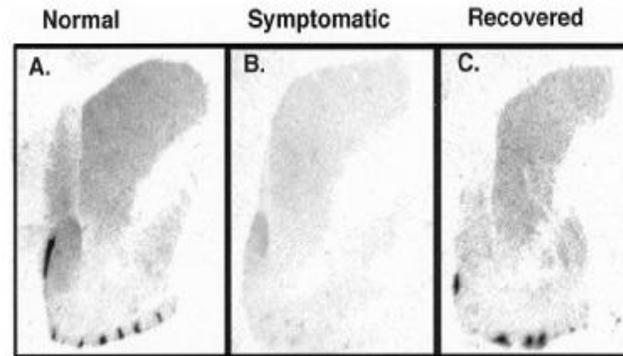


Fig. 1. Anteradiograms of total [³H]-7OH-DPAT binding to D₃ receptors in the striatum of normal (A), symptomatic (B) and recovered (C) animals. Significant decreases in binding were observed in all striatal subregions between normal and symptomatic animals, while no significant changes in binding were observed between normal and recovered animals.





Q.: Do striatal D₃r in human behave the same way as they do in animal studies chronically depleted of DA?

STUDY I Objective: to compare D₃ vs D₂ binding in drug-naïve PD and controls

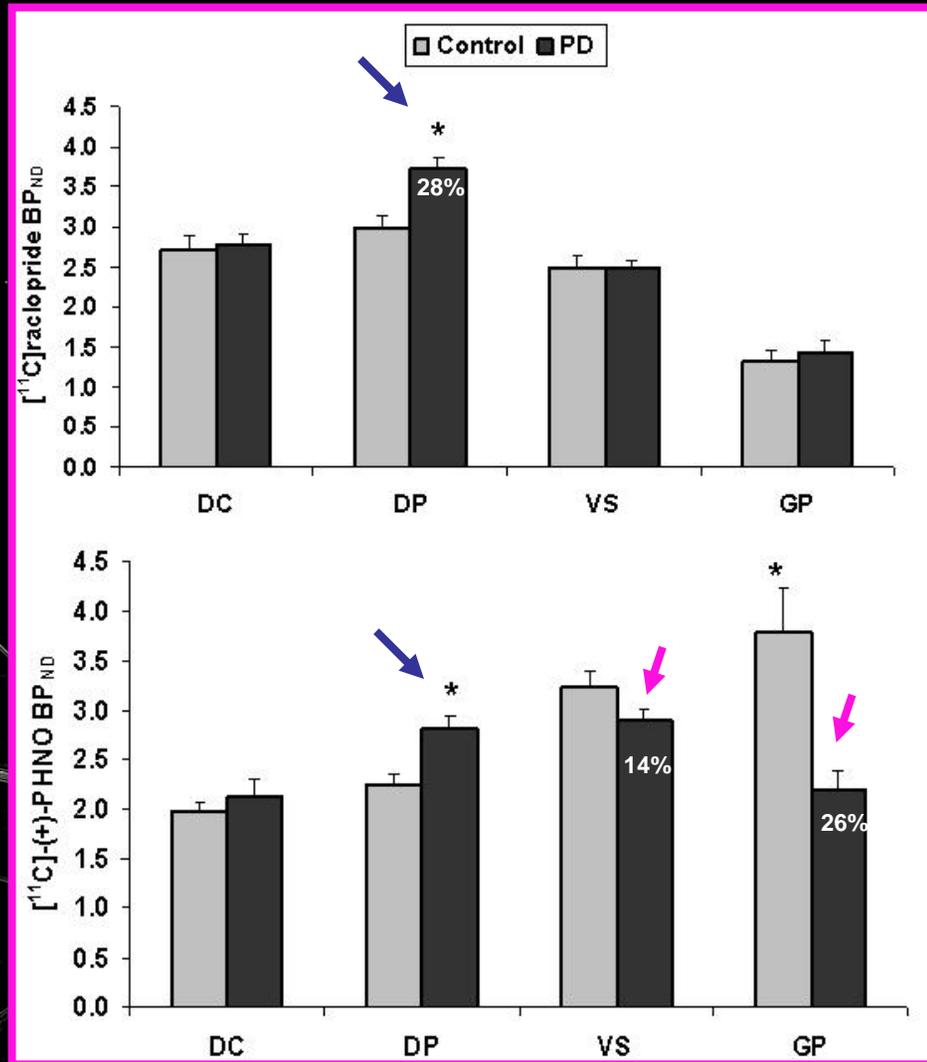
Hypothesis:

D₂r ([¹¹C]raclopride binding) = UP-REGULATED in never treated patients with PD;

D₃r ([¹¹C](+)PHNO binding) = DOWN REGULATED.

PD patients have DECREASED D₃ binding and INCREASED D₂ binding

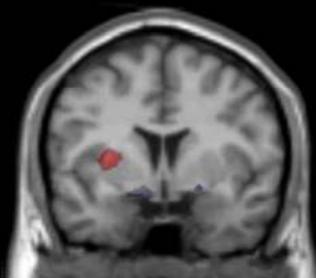
Subjects: 10 de-novo PD 10 controls
Scans with [¹¹C]raclopride and [¹¹C](+)-PHNO



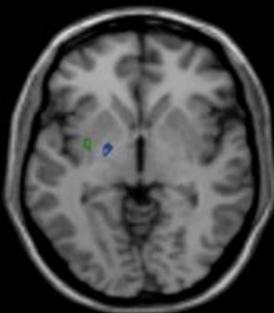
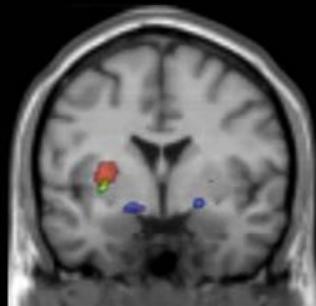
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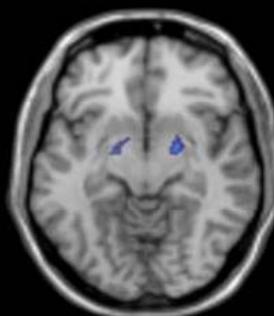
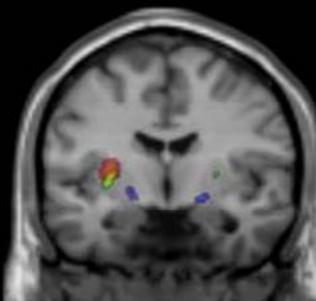
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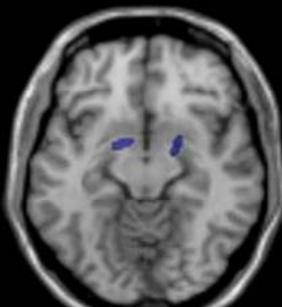
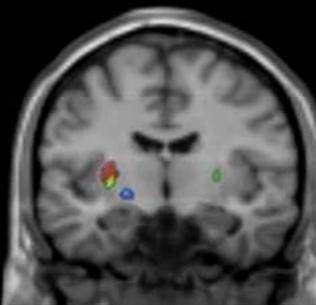
-4



-8



-12



6

■ (+)[¹¹C]PHNO BP_{ND} PD > Control ■ [¹¹C]raclopride BP_{ND} PD > Control
■ (+)[¹¹C]PHNO BP_{ND} PD < Control

2

-4

-6



III

D_3 r level is increased after repeated DAergic stimulation

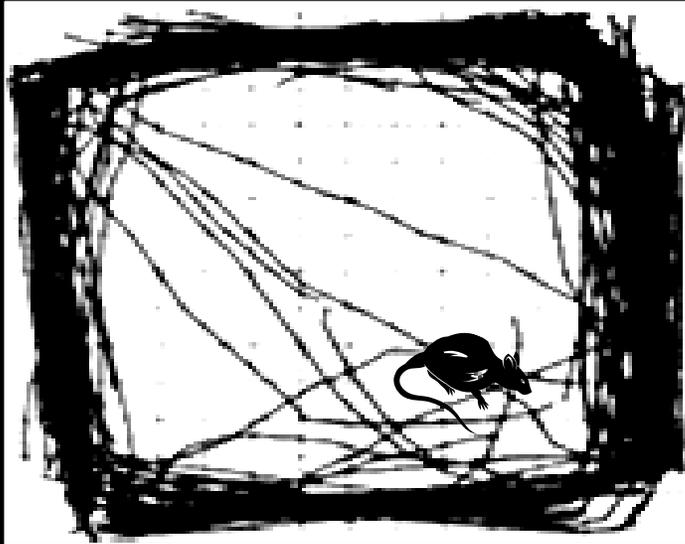
- $\neq D_2$ and the D_1 r

- D_3 r is \uparrow after repeated
DAergic stimulation

- Related to Sensitization to
DA agonist

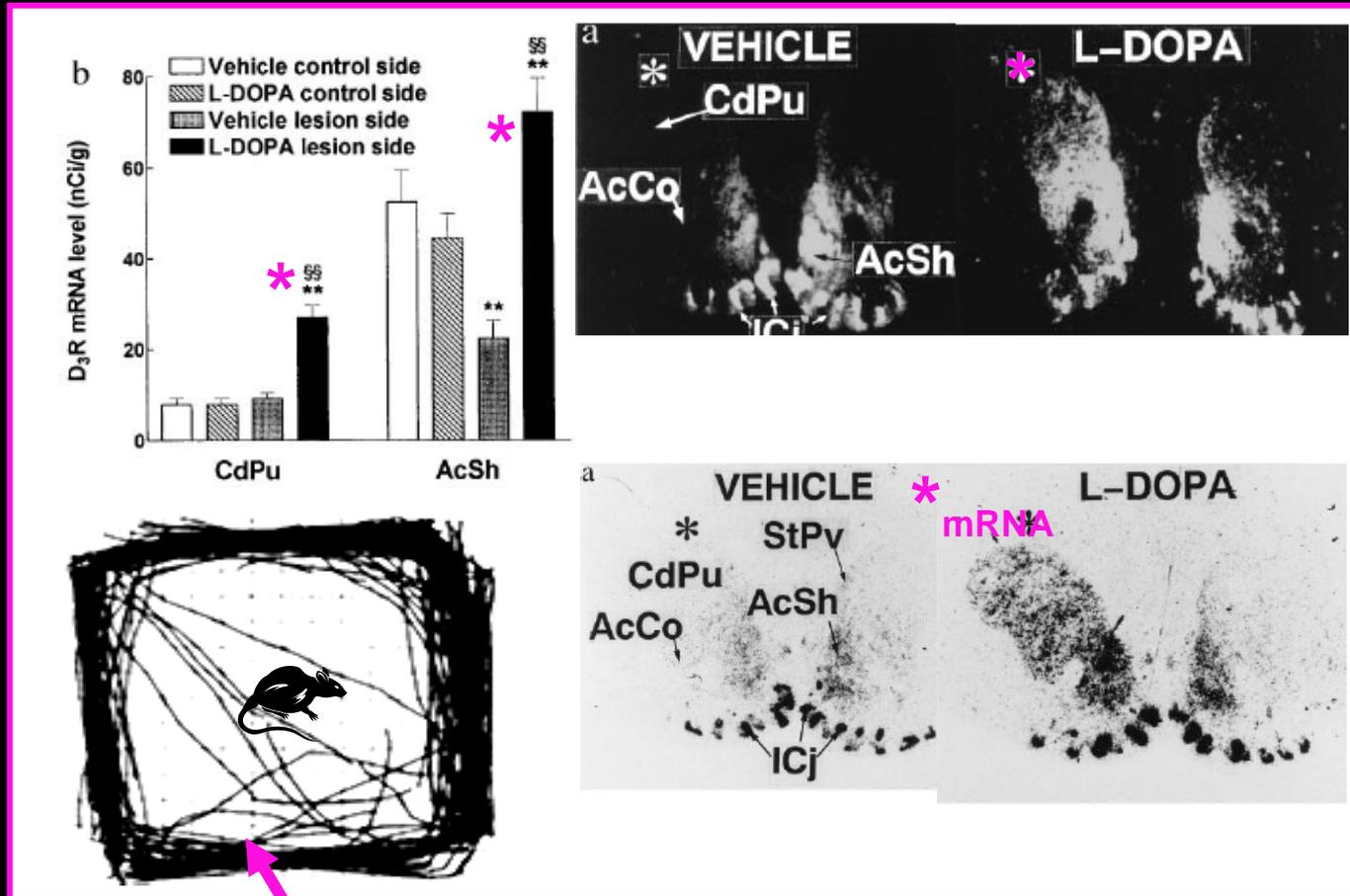


Sensitization: model of addiction



- Repeated DAergic stimulation = greater sensitivity to the effects of the drug (motor activity);
- ↑ response to cues associated with a rewarding response

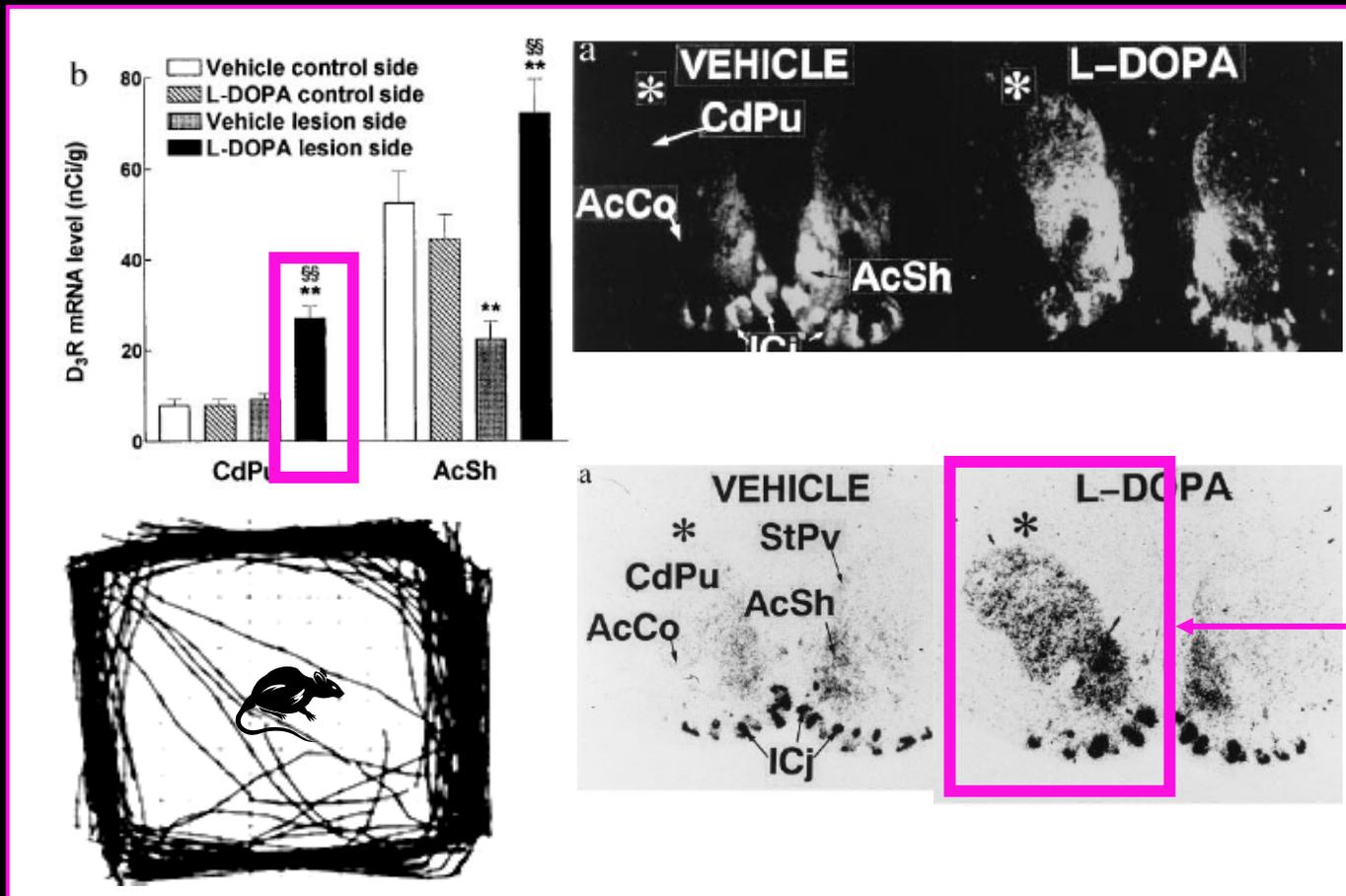
Repeated DAergic stimulation Leads to an OVER EXPRESSION of D₃



Bordet, 1997

Related to BEHAVIORAL SENSITIZATION

Changes also Occur in the Dorsal Striatum!



Bordet, 1997

REMARKABLE ectopic up regulation!!

IV

D₃ a plausible candidate for Stimulant addiction?



- D₃ = ↑ density in limbic regions
- D₃ ↑ ↑ ↑ after DAergic stimulation
- D₃ antagonist ↓rewarding/reinforcing actions of drugs / natural reward
 - ↓ ICSS of “reward areas”
 - ↓ cue-induced cocaine SA
 - ↓ stress-triggered cocaine-seeking
 - ↓ cocaine and heroin-induced CPP
 - ↓ alcohol intake and seeking in rats and mice
 - ↓ nicotine-triggered nicotine seeking
 - ↓ cue-triggered sucrose seeking
- D₃ ↑ in cocaine overdose fatalities

got meth?

AIM of the Study

- D₃r plays a role in stimulant addiction?
- There are no *in vivo* data on status of the D₃ system in addiction
- **Goal:** measure levels of D₃ in brain of poly stimulant users during early abstinence (min. 14 days)
- **Hypothesis:** D₃ levels ([¹¹C](+)PHNO binding) are ↑ in stimulant users

Experimental Design

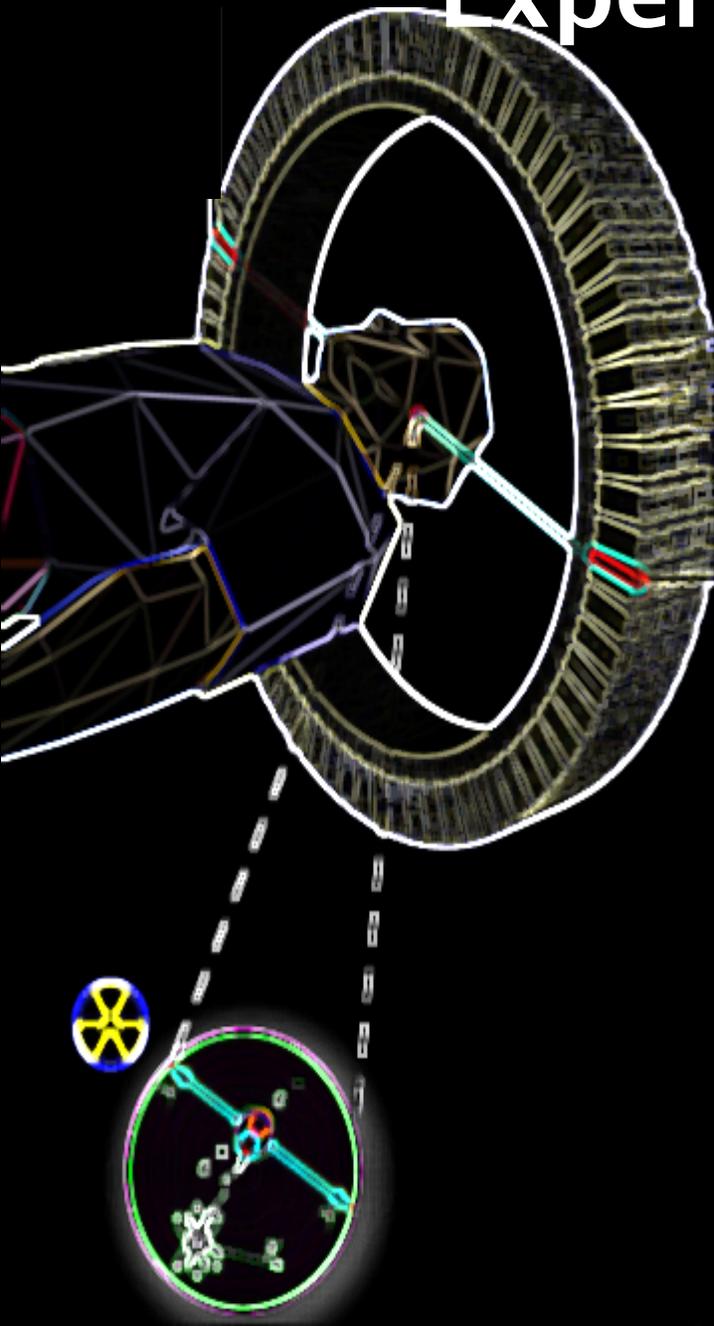
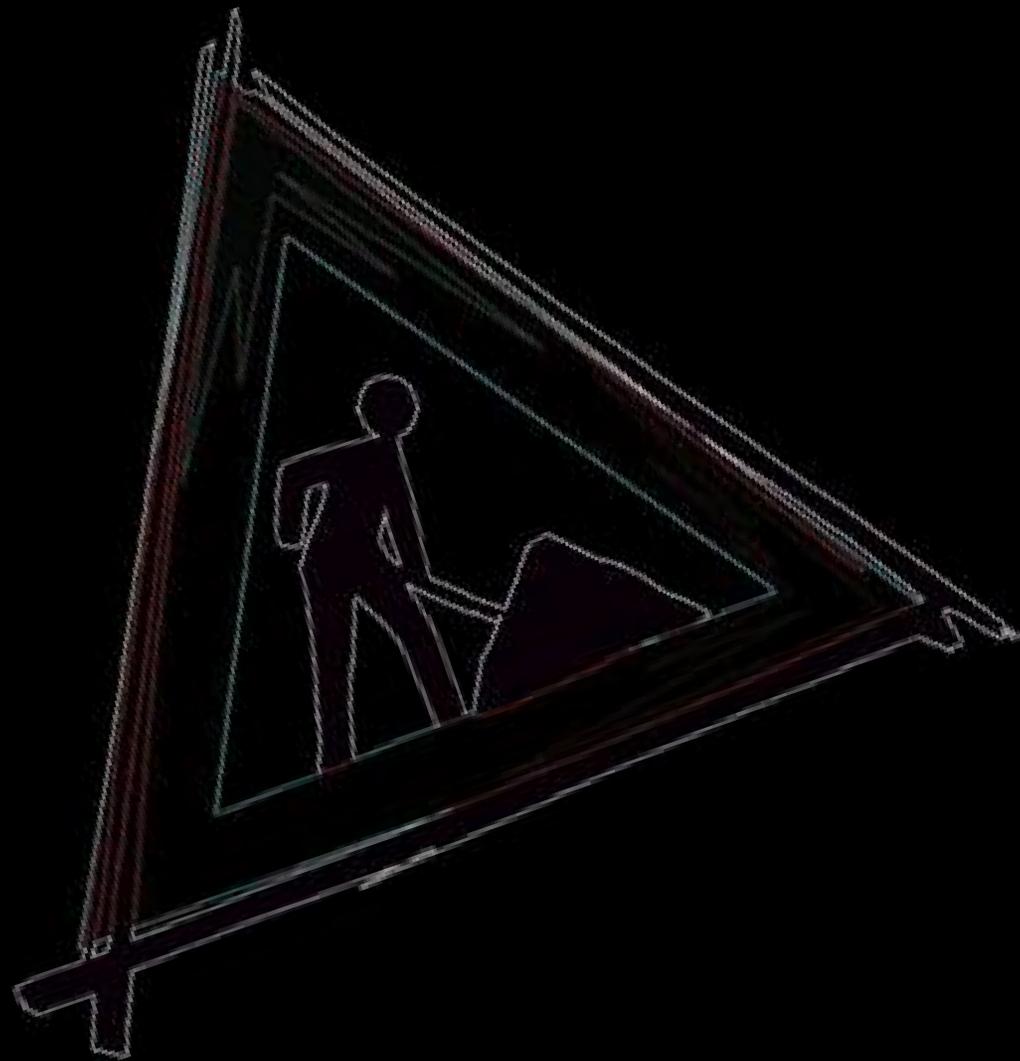


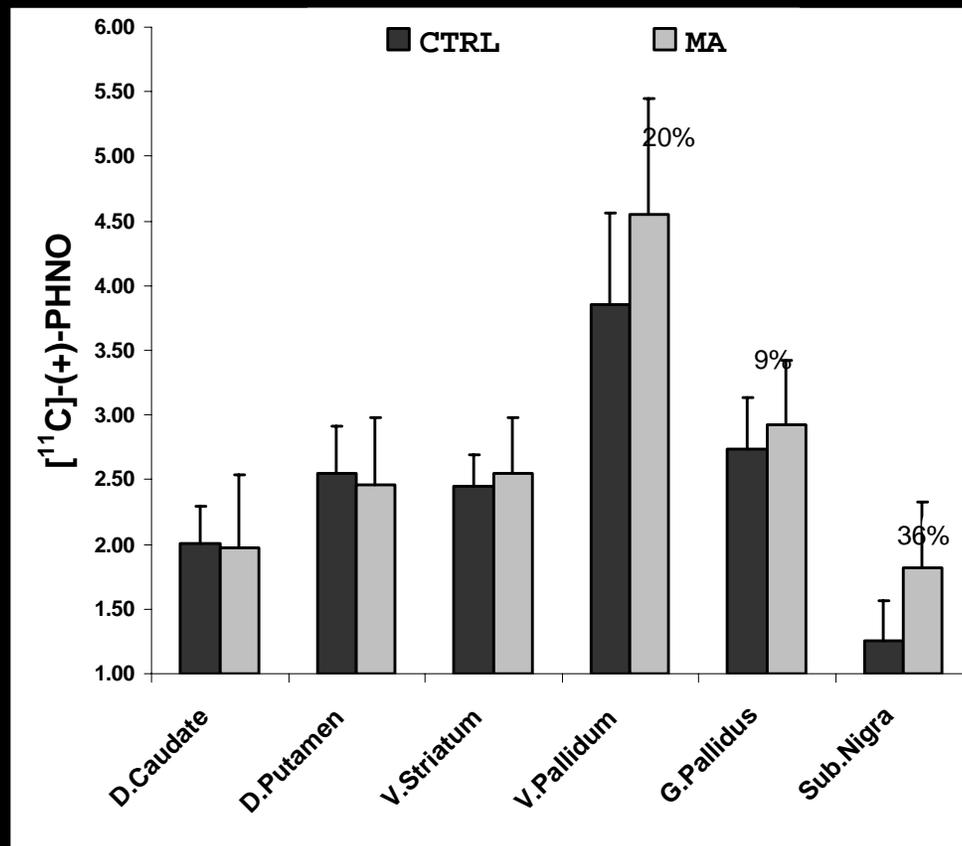
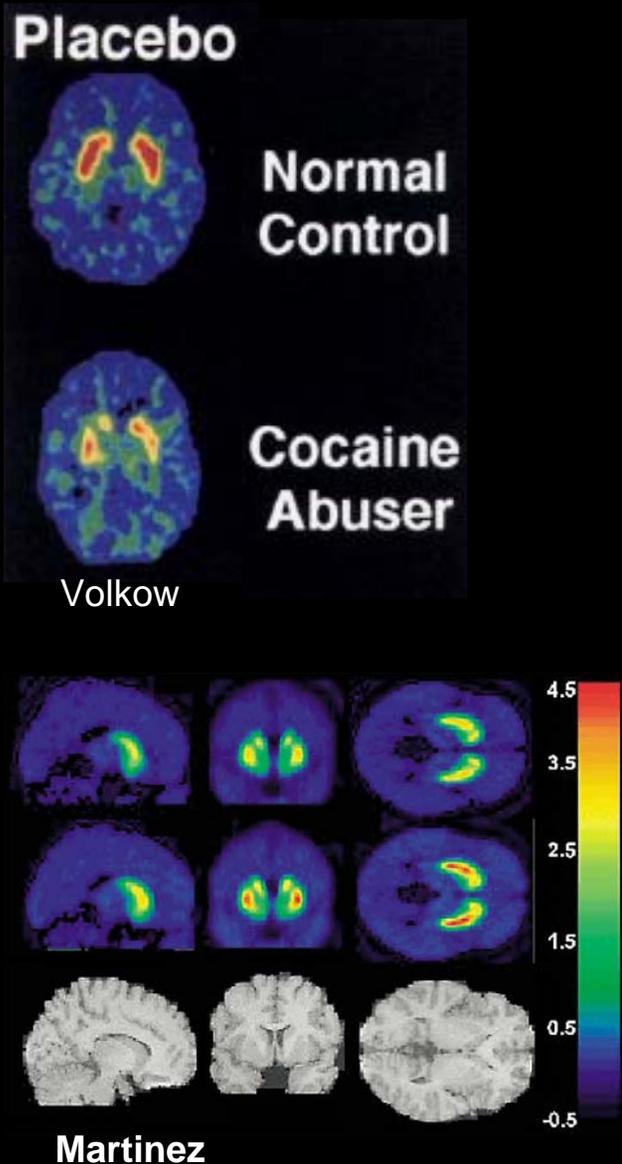
Table 1. Demographic and clinical characteristics of subjects

	Control Subjects	Methamphetamine users	<i>p</i> -value
Age	29.7±5.4 years	27.8±5.7 years	0.37
Gender	11 Male/ 3 Female	11 Male / 5 Female	
Ethnicity	11 Caucasian, 2 Asian, 1 Eastern Indian,	13 Caucasian, 2 black, 1 Maghreban	
Education	15.5±2 Years	12.12±2 Years	0.0001
Premorbid IQ ^a	117.1±5.8	117.1±4.9	0.5
Cigarette smokers	5 smokers; 1.7±3 cigarettes/day	9 smokers; 4.5±3 cigarettes/day	0.07
Alcohol use	3±2 drinks/week	4±3 drinks/week	0.19
Years of MA use	N.A.	5.1±3 Years Range: 2-11 years	
Route of administration	N.A.	8 nasal, 3 smoke, 2 nasal/smoke, 2 i.v./smoke, 1 nasal/oral	
Days used- last 30 days	N.A.	5.6±3 days Range: 0-10 days	

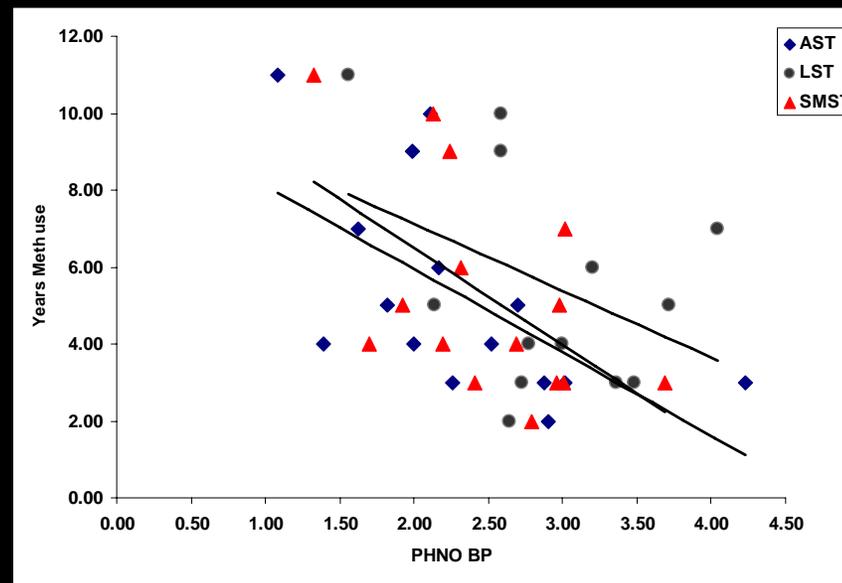
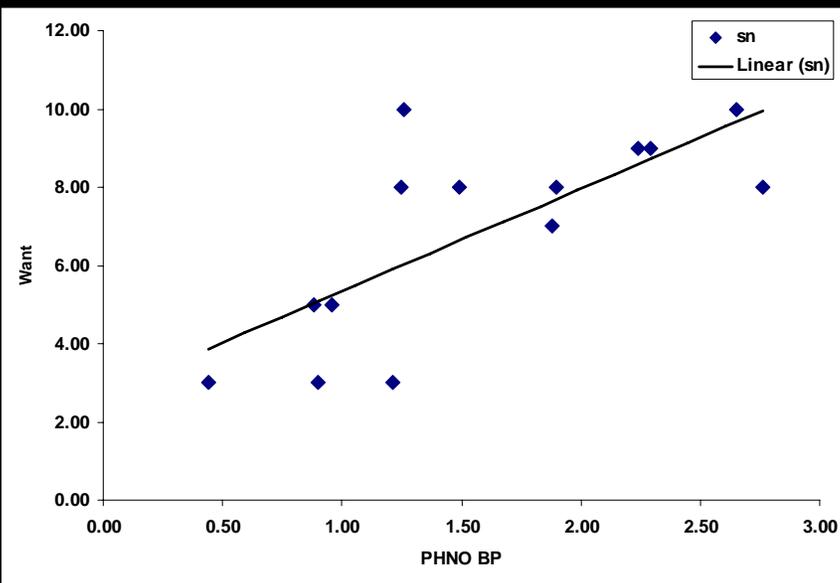
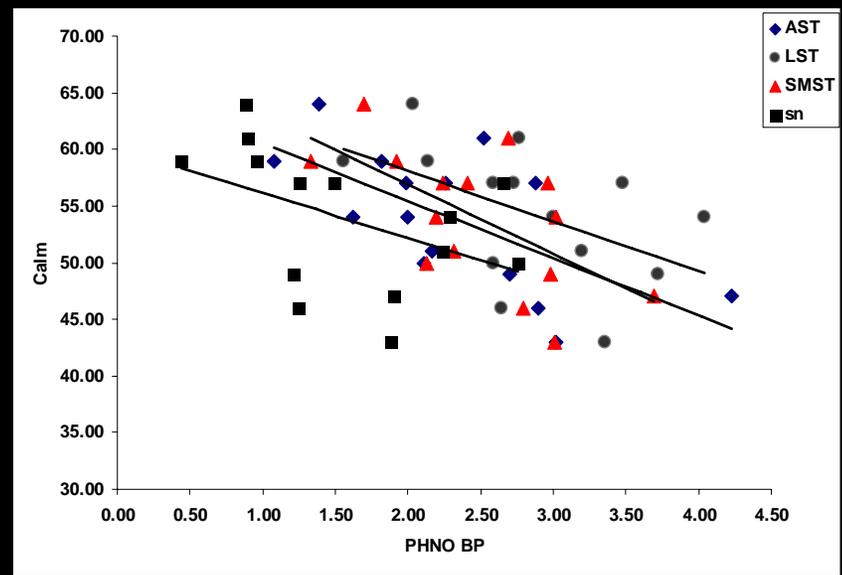
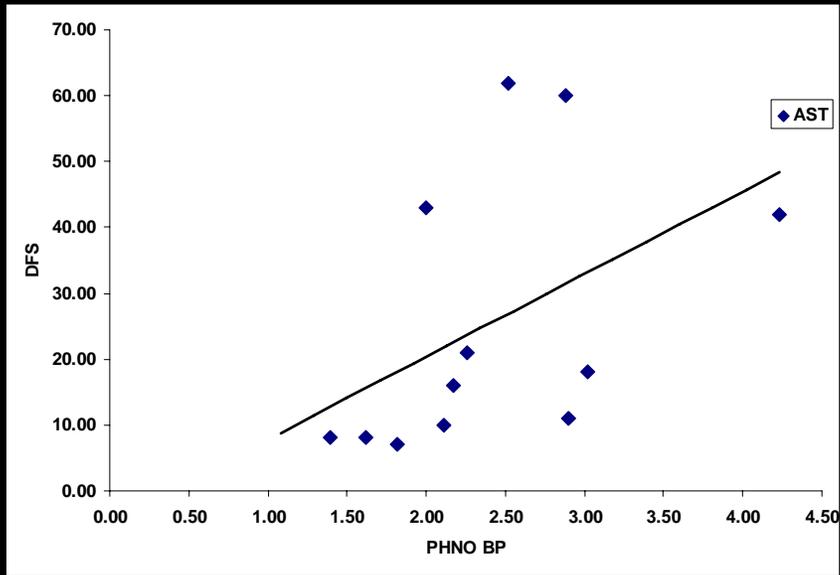
- METH confirmed in hair analysis
- Negative urine on scan day



Unlike the finding for D₂, D₃ does not appear to be ↓

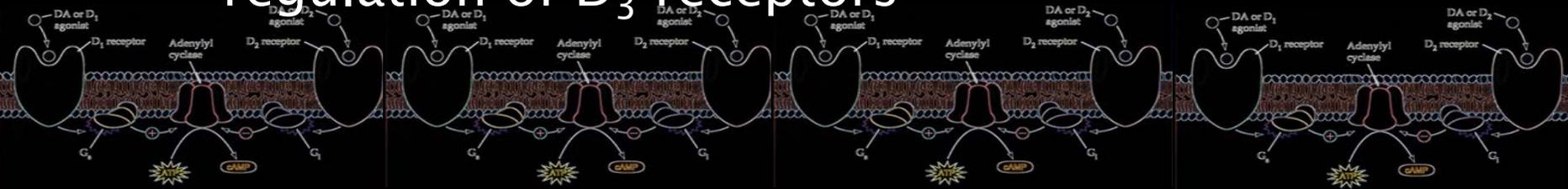


Correlation /Regression



Summary

- D₃ receptor levels ~ ↑ in (+Meth / COC) users
- ↑ binding was related to ↑ drug related *wanting, anxiety / mind-racing and self-reported craving*
- ↓ binding in striatal (DC) areas were related to *years of use*
- Does this mean that there is no decrease in D₂?
- PHNO binding in dorsal striatum is mostly to D₂:
our finding suggest that
 - Users might not be “sever” enough
 - Decreased D₂ was masked by an ectopic up-regulation of D₃ receptors



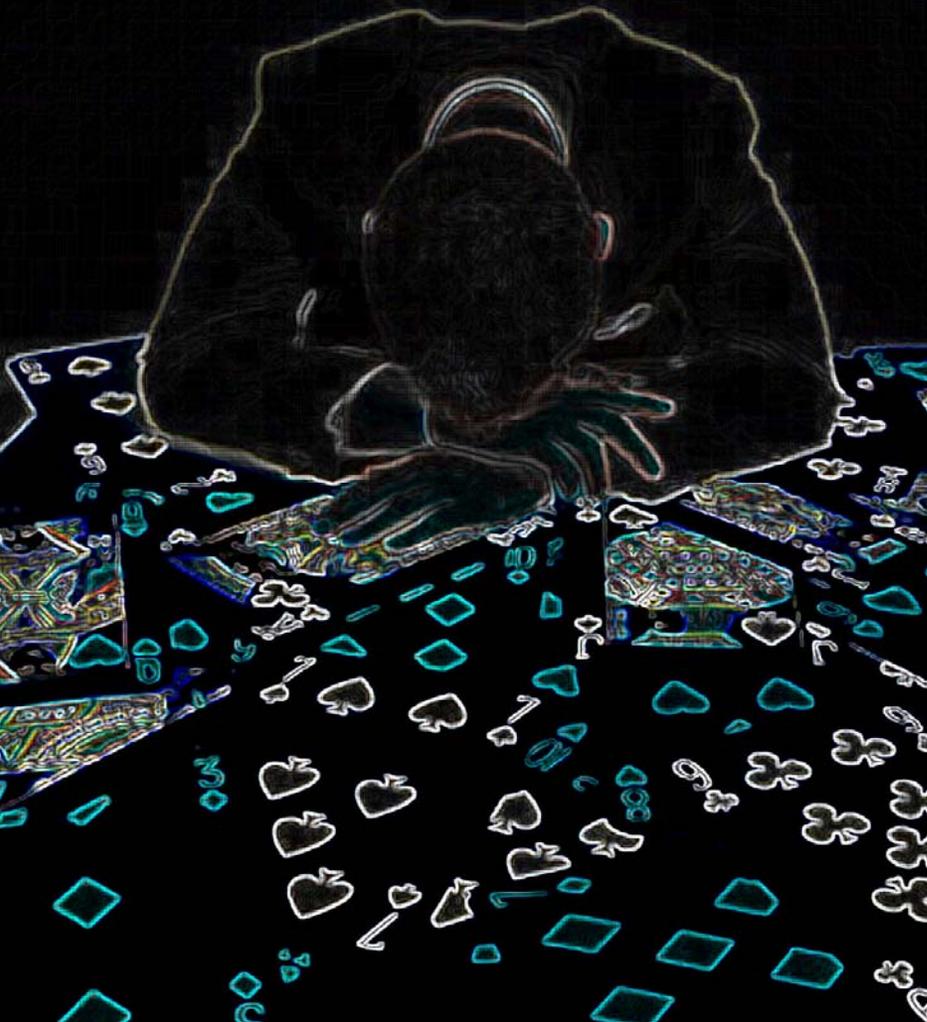
V

Q.: Can changes in D_3 levels explain *sensitization* to DA replacement therapy in PD

Q.: Is the occurrence of ICD (i.e.: *sensitization*) in PD related to D_3



Impulse Control Disorders In PD



ICD: *failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or others.*

Manifestations include

- Craving and Compulsive use of PD medication
- Pathological Gambling
- Hyper Sexuality
- Compulsive Shopping
- Binge Eating
- Punding / Hobbyism

Are D₃ Preferring Agonists Related to ICD?



Pathological Gambling Caused by Drugs Used to Treat Parkinson Disease

M. Leann Dodd, MD; Kevin J. Klos, MD; James H. Bower, MD; Yonas E. Geda, MD; Keith A. Josephs, MST, MD; J. Eric Ahlskog, PhD, MD

Conclusions: Dopamine agonist therapy was associated with potentially reversible pathological gambling, and pramipexole was the medication predominantly implicated. This may relate to disproportionate stimulation of dopamine D₃ receptors, which are primarily localized to the limbic system.

Arch Neurol. 2005;62:1377-1381

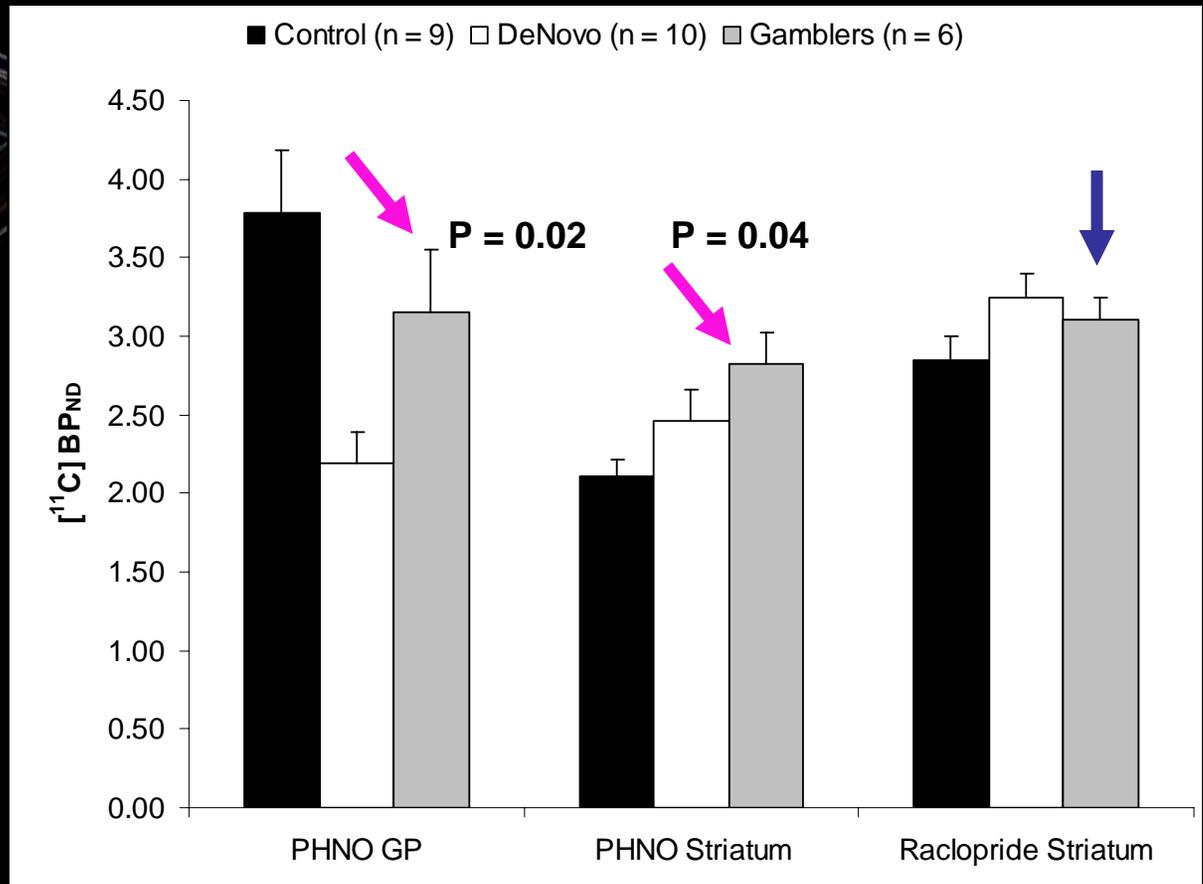
Objective: to compare D_3 ((+)[^{11}C] PHNO) to D_2 ([^{11}C] raclopride) in PD with ICD relative to de novo PD

We expected D_2 to be **DOWN** and D_3 to be **UP!**

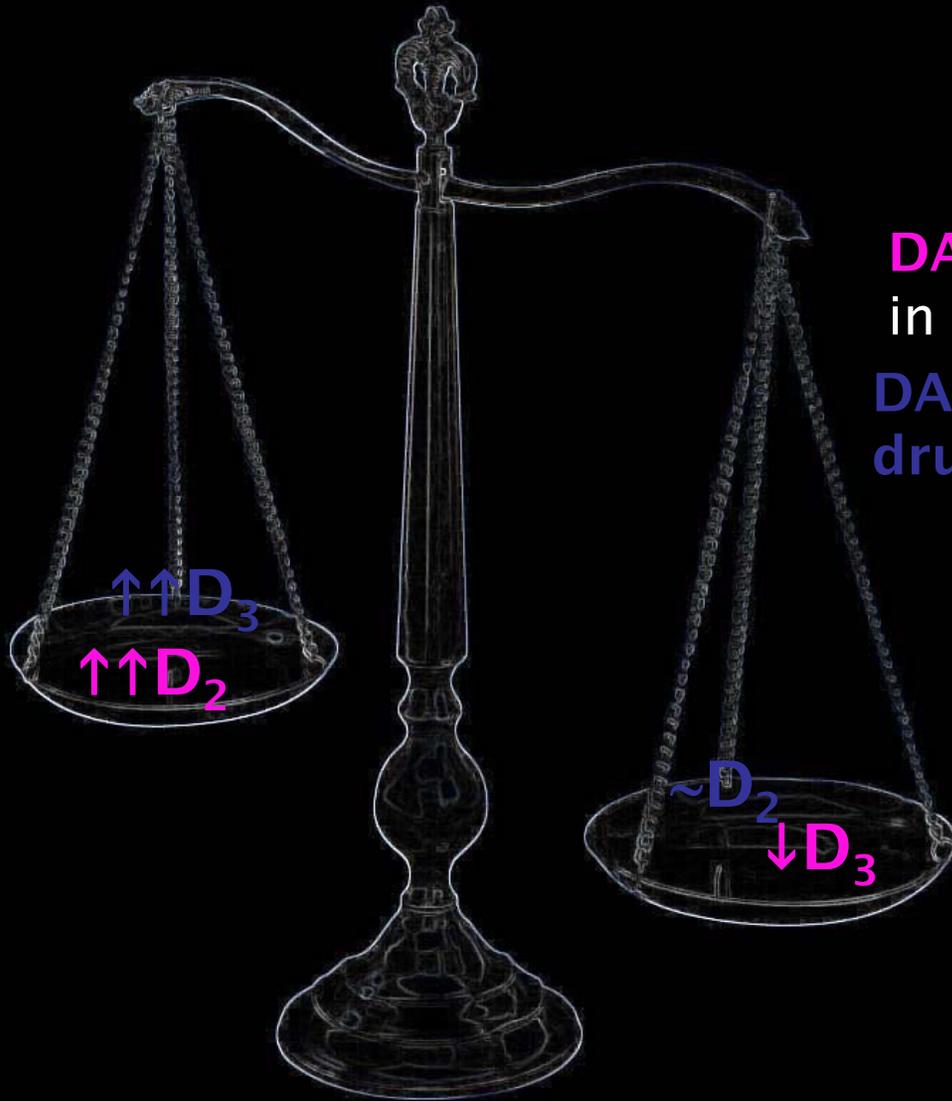


Is D₃ UP in PD with ICD?

SUBJECTS: Age:61; 4M, 2F; PD duration: 8 years, UPDRS 24, Peg Board 9; SOGS: 16, DSM: 13, GA20: 13



Overall Summary



DA Depletion: Differential change in D_2 and D_3

DA stimulation with meds or drugs of abuse: might increase D_3

Future Questions / Conclusion

- Representative sample: Does $\uparrow D_3$ = vulnerability factor for addiction / ICD?
- Addiction pharmacotherapies targeting the D_3 may be more viable:
 - localization of D_3 primarily in limbic areas
 - reinforcing effects of drugs with less motoric side effects
- Preliminary data in line with the rationale for testing D_3 receptor blockade as anti-craving agents

